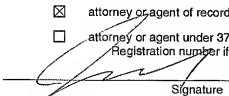


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.126 (a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))</i>	Docket Number (Optional): 22193												
Application Number: 10/603,981	Filed: 06/24/2003												
For: Absorbent structure for absorbing blood													
Art Unit: 3761	Examiner: Catherine L. Anderson												
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.													
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):													
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Fee</th> <th style="text-align: left; border-bottom: 1px solid black;">Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px 10px;"><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="padding: 2px 10px; text-align: right;">\$ 120</td> </tr> <tr> <td style="padding: 2px 10px;"><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="padding: 2px 10px; text-align: right;">\$</td> </tr> <tr> <td style="padding: 2px 10px;"><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="padding: 2px 10px; text-align: right;">\$</td> </tr> <tr> <td style="padding: 2px 10px;"><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="padding: 2px 10px; text-align: right;">\$</td> </tr> <tr> <td style="padding: 2px 10px;"><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="padding: 2px 10px; text-align: right;">\$</td> </tr> </tbody> </table>	Fee	Small Entity Fee	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$
Fee	Small Entity Fee												
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120												
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$												
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$												
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$												
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$												
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.													
<input type="checkbox"/> A check in the amount of the fee is enclosed.													
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.													
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.													
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-1480</u> .													
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.													
I am the <input type="checkbox"/> applicant/inventor.													
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).													
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>19,670</u>													
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.39 _____													
 _____ Signature	<u>September 14, 2006</u> Date												
<u>John M. Crawford</u> Typed or printed name	<u>253-924-5611</u> Telephone number												
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.													
<input type="checkbox"/> Total of _____ forms are submitted.													